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Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/826,690 -- Conf. #9585
				Filing Date	April 19, 2004
				First Named Inventor	Valerie Legrand
				Art Unit	1618
				Examiner Name	SCHLIENTZ, LEAH H.
Sheet	1	of	1	Attorney Docket Number	022290.0116C1US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
		6,033,687	03-07-2000	Heinicke et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
		WO 96/11675	04-25-1996	Autant et al.		
		FR 2816840	05/24/2002	Castan et al.		
		EP 0609961	08-10-1994	Morella et al.		
		EP 0263083	04-06-1988	R. Valducci		
		WO 01/58424	08-16-2001	Watts et al.		

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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		YOSHINO, H., "Design and Evaluation of Time-Controlled Release Systems for Site-Specific Oral Drug Delivery to the GI Tract," (1993) <u>Current Status on Targeted Drug Delivery to the GI Tract</u> , Capsugel Library, Symp. Ser., Short Hills 22/04, London 6/05, Tokyo 14/05, pp. 185-90.	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
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